



October 22, 2003

Mark West  
42910 SE 149<sup>th</sup> St.  
North Bend, WA 98045

In re application of:  
Mark West      DECISION ON PETITION  
Serial No.: 09/683,907  
Filed: February 28, 2002  
For: SYSTEM AND METHOD FOR ATTACHING  
UN-FORGEABLE BIOMETRIC DATA TO ETAL

This is a decision on the petition received on July 17, 2003, to withdraw the holding of abandonment in the above-identified application.

The above-identified application became abandoned for failure to reply within the meaning of 37 C.F.R. 1.113 in timely manner to the Notice to File Missing Parts mailed on March 13, 2002. Which set a shortened statutory period for reply of two (2) months. Accordingly, this application became abandoned May 14, 2002.

On July 17, 2003, the office received a communication from the applicant of record. Enclosed was an acknowledgement that the applicant never received the Notice to File Missing Parts mailed on March 13, 2002.

The above application remains abandoned.

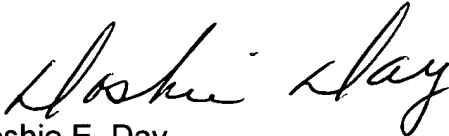
The applicant is given **two months** from the date of this petition to comply to the below requirements to revive the above-identified application.

1. A change of address notice is needed.
2. A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.
3. A surcharge fee of \$65.00 for filing a late declaration.
4. A fee of \$650.00 to Revive and unintentionally abandoned application.

A balance of \$715.00 and the above-required items are needed to revive the above-identified application.

Enclosed is a copy of the Notice to File Missing Parts mailed March 13, 2002 and several forms to help with the filing requirements.

Telephone inquiries concerning this matter may be directed to Doshie E. Day (703) 308-3640.

A handwritten signature in black ink, appearing to read "Doshie E. Day". The signature is fluid and cursive, with the first name "Doshie" and last name "Day" clearly distinguishable.

Doshie E. Day  
Program Management Assistant  
Office Initial Patent Examination



03 co 7  
✓

## Petition to the Commission to Revise

**TO:** Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**FR:** Mark West  
42910 SE 149<sup>th</sup> St  
North bend, WA 98045  
Customer Number: 31023

**RE:** Petition to revise abandonment of 09/683,907

### Mr. or Ms. Commissioner:

Please consider revising the status of my patent from abandoned to re-activated. Apparently the patent was abandoned by the USPTO after I failed to respond to a notice of a missing declaration, however; I never received the notice in question. I do not know how it came to pass that I did not receive the notice, but I assure you that I did not.

This being my first patent and being that I filed this myself due to limited funds I must admit that I am not fluent on the timelines and exact procedures that are involved, so please consider that if it appears that I have been neglectful or tardy in my handling of this matter, I assure you that I have been patiently waiting to hear from the USPTO and did not suspect that anything was amiss.

When I finally did contact your office recently I was informed that the patent was abandoned due to a lack of response from me. I am including a check for \$130 which I was told was the required fee for a petition to revise. I am an independent software developer with low funds and worked extremely hard on this patent and the associated software, please consider re-activating the patent.

- Mark West

## MANUAL OF PATENT EXAMINING PROCEDURE

Please type a plus sign (+) inside this box → ☐

PTO/SB/122 (11-96)  
 Approved for use through 6/30/99. OMB 0651-0035  
 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>CHANGE OF CORRESPONDENCE ADDRESS Application</b>  Address to: Assistant Commissioner for Patents Washington, D.C. 20231	Application Number	
	Filing Date	
	First Named Inventor	
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	

Please change the Correspondence Address for the above-identified application to:

☐ Customer Number  → 

Place Customer Number Bar Code Label here

  
 Type Customer Number here

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	ZIP	
Country			
Telephone	Fax		

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

☐ Applicant.

☐ Assignee of record of the entire interest.  
 Certificate under 37 CFR 3.73(b) is enclosed.

☐ Attorney or agent of record.

Typed or Printed Name	
Signature	
Date	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov

APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/683,907	02/28/2002	Mark Brian West	

31023  
MARK WEST  
5819 SMOKE GLASS TRAIL  
DALLAS, TX 75252

CONFIRMATION NO. 9244  
FORMALITIES LETTER



\*OC000000007626080\*

Date Mailed: 03/13/2002

## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

*Filing Date Granted*

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is missing.  
*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(l) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.
- The balance due by applicant is \$ 65.

*A copy of this notice MUST be returned with the reply.*

Customer Service Center  
Initial Patent Examination Division (703) 308-1202

PART 3 - OFFICE COPY

## PARTS, FORM, AND CONTENT OF APPLICATION

602

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	<b>Attorney Docket Number</b>	
	<b>First Named Inventor</b>	
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	/
	<b>Filing Date</b>	
	<b>Group Art Unit</b>	
	<b>Examiner Name</b>	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input type="checkbox"/>		Customer Number or Bar Code Label <input style="width: 100px;" type="text"/>		OR <input type="checkbox"/>		Correspondence address below	
<b>Name</b>							
<b>Address</b>							
<b>City</b>				<b>State</b>		<b>ZIP</b>	
<b>Country</b>			<b>Telephone</b>			<b>Fax</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
<b>NAME OF SOLE OR FIRST INVENTOR:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
<b>Given Name</b> (first and middle [if any])				<b>Family Name</b> or Surname			
<b>Inventor's Signature</b>						<b>Date</b>	
<b>Residence: City</b>			<b>State</b>		<b>Country</b>		<b>Citizenship</b>
<b>Mailing Address</b>							
<b>City</b>			<b>State</b>		<b>ZIP</b>		<b>Country</b>
<b>NAME OF SECOND INVENTOR:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
<b>Given Name</b> (first and middle [if any])				<b>Family Name</b> or Surname			
<b>Inventor's Signature</b>						<b>Date</b>	
<b>Residence: City</b>			<b>State</b>		<b>Country</b>		<b>Citizenship</b>
<b>Mailing Address</b>							
<b>City</b>			<b>State</b>		<b>ZIP</b>		<b>Country</b>
<input type="checkbox"/> Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

[Page 2 of 2]